

**MEMORANDUM OF UNDERSTANDING
BETWEEN**

AND

AND

Kansas Department of Health and Environment, Kansas Immunization Program

FOR

**Deputizing and Oversight of Public Health Departments
to Provide Vaccines for Children (VFC) Purchased
Vaccine to Entitled Underinsured Children**

The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services have issued guidance regarding deputization by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) of other VFC providers in their state to authorize those providers to immunize the federally vaccine-eligible children category of underinsured children.

Background:

In many states, the capacity of FQHC/RHCs to serve underinsured children is not sufficient to meet the need of underinsured children entitled to VFC vaccine. Until underinsurance among children is eliminated by full implementation of the Patient Protection and Affordable Care Act (ACA), extending VFC authority to other VFC providers serves as a bridging mechanism by which underinsured children will have increased access to VFC vaccine at additional provider sites.

In conformance with VFC Deputization Guidance dated June 6th 2015, and as may be revised,

1. The undersigned Federally Qualified Health Centers/Rural Health Clinics hereby confer authority to (i.e., deputize) the VFC providers listed in Appendix A to serve as their agents in immunizing federally vaccine-eligible children who are underinsured as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act, with the understanding that –

- a) such other VFC providers have been identified by the undersigned VFC awardee Kansas Department of Health and Environment, Kansas Immunization Program and approved by the CDC for such designation;
- b) Kansas Department of Health and Environment, Kansas Immunization Program and CDC retain their respective responsibilities for oversight of all VFC operations by such deputized VFC providers, including oversight of their roles in immunizing underinsured children;
- c) federally purchased vaccine for use by deputized VFC providers in immunizing underinsured children is provided directly by CDC's vaccine distribution system to the deputized providers;
- d) Kansas Department of Health and Environment, Kansas Immunization Program and/or CDC may remove any deputized VFC provider from Appendix A in their roles of VFC program oversight in which case such provider shall lose deputization status;

- e) each undersigned FQHC/RHC must comply with the requirements of such VFC Deputization Guidance; any undersigned FQHC/RHC may withdraw from this MOU with 90 days written notice to the undersigned Kansas Department of Health and Environment, Kansas Immunization Program official; and
- f) each deputizing FQHC/RHC retains all of its authorities as a VFC provider, including the ability to immunize underinsured children.

2. Each deputized VFC provider listed in Appendix A shall comply with the requirements in such VFC Deputization Guidance, this deputization MOU, and with all other applicable VFC program requirements, including –

- a) agreement to vaccinate “walk-in” VFC-eligible underinsured children as defined under subsection 1928(b)(2)(A)(iii) of the Social Security Act;
- b) screening for VFC eligibility, including for underinsured status, at every visit by any child less than 19 years of age;
- c) reporting to the VFC awardee, in manner and time as decided by the awardee, all requirements set forth in the guidance; and
- d) compliance with any additional VFC requirements as the VFC awardee Kansas Department of Health and Environment, Kansas Immunization Program or CDC may from time to time impose.

We, the undersigned, have read and agree to the terms and conditions set forth in this MOU and will retain a copy of this MOU.

By: **FQHC or RHC**

Clinic: _____

Director: _____

Date: _____

By: Local Health Department Clinics

Clinic: _____

Director: _____

Date: _____

On behalf of each of the VFC providers listed in Appendix A

I hereby acknowledge the responsibilities as delineated above:

Kansas Department of Health and Environment, Kansas Immunization Program

VFC Manager: _____

Date: _____

cc: Centers for Disease Control and Prevention, Immunization Services Division

Appendix A:

List of Local Health Department Prescribing Providers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____